



OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02474

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Director of Public Health

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APPLICATION FOR A PERMIT TO OPERATE A BODY ART ESTABLISHMENT

Name of Establishment _____ Telephone _____

Address _____ Hours of Operation _____

Manager's Name _____ Emergency Phone _____

Please list *all* body art practitioners who will practice at this establishment _____

Name & telephone number of laboratory that will perform monthly spore destruction tests _____

Name and telephone number of contaminated waste disposal contractor _____

List the following: manufacturer, model number, model year, and serial number of autoclave _____

Please submit the following with this application:

- \$1000 fee made payable to the Town of Arlington
- Floor plan to scale of establishment indicating location of all required equipment
- Copy of the disclosure statement describing body art procedures to be given to all clients
- Copy of consent form to be signed by each client
- Copy of the establishment exposure control plan
- Copy of the exposure report form
- Copy of aftercare instructions to be given to each client

*I received, read, understand, and agree to follow all rules and regulations specified in the **Town of Arlington Board Rules and Regulations for Body Art Establishments and Practitioners.***

Sign _____

Date _____